

ELDER ABUSE, NEGLECT, AND EXPLOITATION



IT IS A CRIME

**MISSOURI'S RESPONSE SYSTEM
1-800-392-0210**

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Aging in Missouri

- ◆ According to the 2000 census, there are 983,704 residents age 60 and over (17.6% of Missouri's total population of 5,595,211).
- ◆ Of the 983,704 who are age 60 and older, 98,571 or 10% are seniors over the age of 85.
- ◆ The age 60 and over population is 14th nationally, according to the 2000 census.
- ◆ In 2005 there are projected to be 1,172,336 Missouri residents age 60 and older, and of those, 121,383 will be age 85 and over.
- ◆ In 2025, Missouri's population of seniors is projected to be almost 1,625,394 or approximately 20% of Missouri's total population.

Aging Across America

- ◆ 14% of the elderly population age 65 and over reside in nursing facilities.
- ◆ 43% of elderly persons age 65 and above will use nursing homes at some point in the remaining years of their lives.
- ◆ 83% of nursing home residents have limitations in 3 or more activities of daily living.
- ◆ Alzheimer's Disease and other dementias affect 1 in every 10 persons age 65 and over.
- ◆ Nearly 50% of persons age 85 and above have Alzheimer's Disease or other dementias.

Source: U.S. Bureau of the Census, MO Office of Administration and the Administration on Aging.

History of Missouri Elder Abuse Laws

- 1980 Established authority of the Division of Aging to provide protective services to elderly (age 60+) in the community.
- 1980 Central Registry Unit (CRU) established.
- 1984 Penalty for abuse and neglect in long-term care facilities amended to a felony.
- 1984 Authority granted whereby the Department of Social Services would establish and maintain an Employee Disqualification List (EDL) of people who have been finally determined by the department to have abused, neglected, or misappropriated funds/property of a facility resident.
- 1987 Protective services extended to include adults (age 18 - 59) who are suffering from mental or physical disabilities that substantially limit their ability to protect their own interest or adequately obtain or perform services necessary to meet their essential human needs.
- 1992 The crime of "Elder Abuse" established, including graduated penalties for perpetrators of abuse and neglect.
- 1992 The EDL statute amended to include the home care industry. Prohibitions, protections, and penalties of the EDL statute extended to include Division of Aging clients receiving services in their homes.
- 1994 Extension of the EDL statute and employment prohibition to include agencies licensed by the Department of Health and all Medicaid provider agencies delivering services to clients in their homes.
- 1994 Failure to report abuse or neglect of a long-term care facility resident from an infraction to a misdemeanor.
- 1997 Legislation mandates criminal background checks on all employees of in-home services providers.
- 1999 Department of Health (DOH) to implement an education and awareness program to increase awareness of the problem of elder abuse and neglect with the goal of reducing the incidences of elder abuse and neglect.
- 2000 Legislation enacted creating the crime of "Financial Exploitation" of the elderly and persons with disabilities to strengthen successful prosecution that reflects the vulnerability of this population.
- 2000 Legislation established the Family Care Safety Registry within DOH to coordinate information necessary to prohibit certain individuals from being employed by agencies responsible for the care of the elderly (and children) including those with a criminal history or other disqualifying registers.
- 2001 The Department of Health and Senior Services was established, as well as Alzheimer's training programs for direct care staff. Legislation passed which created the Pharmaceutical Investment Program within the Department of Health and Senior Services to assist elderly persons with prescription drug expenses.
- 2002 Legislation passed that enhanced the "Utilicare Program" to assist seniors and adults with disabilities to meet the high cost of utility bills. Also, legislation was passed that set forth cost containment measures in the Medicaid Program, resulting in a reduction of covered items and services, and stricter eligibility criteria.

***Guiding Principles for
Home and Community Services
Adult Protective Services (APS)***

The law contains certain guarantees that protect the rights of eligible adults alleged to be in need of protective services.

The Missouri Department of Health and Senior Services (DHSS), Division of Senior Services (DSS) delivers **home and community based Adult Protective Services (APS)** with consideration to the following inherent rights:

- { Self-Determination
- { Protection
- { Confidentiality
- { Participate in Care Planning
- { Receive Assistance
- { Refuse Services
- { Refuse Medical Treatment

Protective services are provided by individuals or agencies for or on behalf of eligible persons who are unable to:

- { manage their own affairs;
- { carry out the activities of daily living; or
- { protect themselves from abuse, neglect or exploitation which may result in harm or a hazard to themselves or others.

The purpose of Adult Protective Services is to:

- { promote independence;
- { maximize client choice and provide for meaningful client input for preferences;
- { provide quality alternatives to institutional care; and
- { empower the older adult to attain or maintain optimal self-determination.

Guiding Principles for Long-Term Care Facility Residents

Long-term care facilities are required by statute to provide protective oversight for their residents. In addition, each facility must protect and promote a basic set of "resident rights."

A facility resident has the right to:

- ✓ Be free from mental and physical abuse;
- ✓ Be informed of their medical condition;
- ✓ Select their own physician;
- ✓ Participate in planning their care;
- ✓ Refuse treatment;
- ✓ Voice grievances;
- ✓ Be treated with respect and dignity; and
- ✓ Have treatments provided in privacy.

The DHSS Section of Long-Term Care Regulation staff conduct investigations of reported abuse, neglect, and exploitation of individuals residing in long-term care facilities. Complaint investigations are handled in accordance with state statute, and all information obtained during investigations is handled in a confidential manner.

Long-Term Care Ombudsman Program

The Missouri Long-Term Care Ombudsman Program also helps residents by empowering them with knowledge and advocating on their behalf - both individually and as a group - to ensure that their rights are protected. Services of a Volunteer Ombudsman can be accessed by calling the following number:

1 - 800 - 309 – 3282

Central Registry Unit
24 - hour toll-free HOTLINE
1 - 800 - 392 - 0210

The Central Registry Unit (CRU), the statewide central intake unit, has taken calls since 1980. All calls are electronically recorded and kept on file for a minimum of one year.

TYPE OF CALL	1980 – 2002
Home and Community Services: Abuse/Neglect/Exploitation	228,213
Long-Term Care Regulation: Abuse / Neglect / Misappropriation of Funds and Regulatory Issues	94,570
Total Abuse/Neglect Reports	322,783
Pre-long Term Care Screening	255,694
Information and Referral	292,965
Facility Self Reports (1999 to present)	4,697
Statements of Concern (1990 to 1999)	6,425
Total Abuse/Neglect/Exploitation Intake, Screenings, and Information & Referral	882,564

Reports include:

Information regarding the eligible adult:

- v Name, address and telephone number;
- v Date of birth or age;
- v Other relevant identifiers.

Nature of the incident:

- v **ABUSE:** the infliction of physical, sexual, emotional or financial injury or harm;
- v **NEGLECT:** failure to provide services when such failure presents either an imminent danger to the health, safety, or welfare - OR - substantial probability that death or serious physical harm will result;
- v **MISAPPROPRIATION:** of funds or property of in-home services clients or residents of long-term care facilities;
- v **FALSIFICATION:** of documentation which verifies service delivery to in-home services clients; or
- v **FINANCIAL EXPLOITATION:** a person in a position of trust and confidence knowingly and by deception or intimidation obtains control of property for use by someone other than the owner.

Names of any available witnesses.

Registering Reports

Upon initial contact, CRU interviews the reporter to obtain information sufficient to determine eligibility for involvement:

- { Adult is over the age of 60, **or**
- { Adult is between the ages of 18 and 59, **and** has a mental or physical impairment that substantially limits one or more major life activities; **and** is unable to:
 - v Protect their own interests, **or**
 - v Adequately perform or obtain services which are necessary to meet their essential human needs.

Statutes protect the confidentiality of the contents of the report and information regarding the reporter. CRU obtains information sufficient to conduct an investigation.

Classification of Reports:

- ◆ **Class I** reports involve life-threatening, imminent danger situations which indicate a high risk of injury or harm to an eligible adult.
- ◆ **Class II** reports involve situations which may result in harm or injury to an eligible adult but is not life-threatening.
- ◆ **Class III** reports involve non-protective situations; not a Class I or Class II report.

Imminent Danger - Life-Threatening Situations

The following situations, although not all-inclusive, should be considered emergencies:

- ‡ Reports of physical abuse occurring at the present time or where there are injuries to the eligible adult.
- ‡ Reports of ongoing sexual abuse.
- ‡ Reports involving eligible adults who are suffering from acute, untreated medical conditions.
- ‡ Reports alleging that caretakers of eligible adults are psychotic, behaving in a bizarre manner, or acting under the influence of drugs or alcohol.
- ‡ Reports alleging chemical restraint through non-prescribed drugs or alcohol.
- ‡ Complaints alleging bizarre punishment.
- ‡ Complaints alleging that an eligible adult is suicidal.
- ‡ Complaints involving abandonment of an eligible adult incapable of providing for their essential human needs.
- ‡ Self referrals from families who state they are unable to meet the immediate care needs of an eligible adult.

Reporting Elder Abuse

Reporting requirements exist in five Missouri statutes: 198.070 RSMo; 198.090 RSMo; 660.300 RSMo; 660.305 RSMo; and 565.188 RSMo.

{ Requirements are intended to protect adults who demonstrate a need for protective services or who are suspected to be victims of abuse or neglect.

The subsequent DSS investigation is conducted in accordance with the following statutory guidelines:

1. The identity of a reporter is protected in accordance with state statutes (660.263 RSMo; 660.300 RSMo; 660.320 RSMo and 198.070 RSMo).
2. A reporter is immune from civil or criminal liability for making a report or testifying pursuant to state mandates (660.300.8 RSMo; 198.070 RSMo and 565.190 RSMo).
3. Persons who report (other than the perpetrator) shall be protected from harassment, dismissal or retaliation when such report is filed in good faith (660.300 RSMo; 660.305 RSMo and 198.070 RSMo).
4. The Employee Disqualification List (EDL) is an administrative vehicle through which the Director of DHSS may prohibit persons from working in any capacity in the field of elder care, thereby increasing the protection of eligible adults (660.315 RSMo and 198.070 RSMo).
5. An agency providing services shall be responsible for screening prospective employees, including completion of a criminal background check, and reviewing current employees against the most recent information contained in the EDL (660.315 RSMo; 660.317 RSMo and 198.070 RSMo).
6. DHSS has legislative responsibility for investigation of all allegations of abuse and neglect (660.260 RSMo; 660.261 RSMo; 660.300.5 RSMo; 660.305 RSMo and 565.186 RSMo).
7. The DHSS worker shall investigate reports of alleged abuse and neglect in accordance with current division policy. This investigation will focus on gathering all pertinent information and will generally include:
 - an interview with the reported adult;
 - an interview with any relevant witnesses; and
 - an interview with the alleged perpetrator.

Indicators of Abuse & Neglect

Physical Appearance

- | | | |
|---|--------------------------------|--------------------------|
| v Burns, especially unusually located | v Wheezing/persistent cough | v Bed sores |
| v Malnutrition, poor skin color, thin, Obese, listless, mind unclear | v Bruises resembling an object | v Tremors |
| v Bilateral bruises on upper arms, as from shaking | v Untreated medical conditions | v Red, painful eyes |
| v Swollen ankles (heart or kidney Ailment) | v Coldness in part of body | v Broken glasses/frames |
| v Clustered bruises on trunk from repeated striking | v Immobile/difficult moving | v Unkempt, dirty |
| v Old and new bruises - as an injury repeated | v Same clothing all the time | v Hair matted or tangled |
| v Unhealed sores/untreated injuries | v Sudden weight loss or gain | v Decayed teeth |
| v Green, yellow, red, brown sputum | v Lacerations/welts, black eye | v Swollen eyes |
| v Clothing inappropriate for weather, occasion, filthy, torn, too big, rags | v Lack of prosthetic devices | v Swelling of legs |
| v Swelling in joints accompanied by sickness or fever | v Untreated medical condition | v Lack of clothing |
| v Bone fracture/signs of fractures | v Blood in excretion | v Shoes on wrong feet |
| v Unintentionally non-communicative | v Loss of sight or hearing | v Incontinent |
| v Rash, impetigo, eczema | v Heat exhaustion | v Fleas or lice |
| v Clothing covering entire body | v Dehydration | v Coma |
| v Thin spots in hair (as though pulled out) | v Severe or constant pain | v Vomiting |
| | v Repeated broken bones | v Shortness of breath |
| | v Sudden illness | v Chest pains |
| | v Odorous, smell of alcohol | v Lumps |
| | v Changes in appearance | v Scars |
| | v Dilated pupils | v Hair not combed |
| | v Nails needing clipping | v Loss of equilibrium |
| | | v Narcolepsy |

Environmental

- | | | |
|---|---|------------------------------------|
| v Lots of medications lying around | v Hazardous conditions: | v Outdated prescriptions |
| v Medications from several doctors | - poor wiring | v Fecal/urine smell |
| v Medications not clearly marked | - porch is rotten | v Urine soaked bed |
| v Soiled bedding/furniture | - open fireplace | v Evidence of restraints |
| v Food is not present, inadequate or spoiled, or lying around | - stack of newspapers | v Limited variety of food |
| v Food stored improperly | - only one exit | v Roof leaks |
| v No evidence of food preparation | - inadequate light especially in stairs and halls | v Furniture rickety |
| v Unsanitary food preparation | - no handrail on stairs | v Overcrowding |
| v Lack of minimum facilities - bathroom, bed, furniture | - odor of gas | v Home too cold/hot |
| v Large number of animals lacking care | - loose rugs | v Home not ventilated |
| v Lack of electricity, heat, water, toilet, or cooking facilities, refrigeration or cooling | - floor uneven or slippery | v No screens or windows |
| v House infested with fleas, lice, roaches, rats, birds, squirrels, snakes, etc. | - unventilated gas heaters | v Contaminated well |
| v Change in housekeeping style | - extension cord in traffic pattern | v Empty bottles of liquor |
| v Piles of dirty clothes/linens | - no grab bars or non-skid strips in bathroom | v Yard cluttered |
| v Number of locks and bolts | - bad chimney | v Unable to access essential rooms |
| | - broken glass | v Burst water pipes |
| | - no locks | v High grass |
| | v Large cracks in wall/floor | v Bad neighborhood |

- v Disappearance of personal property or household items

- v Frequent moving
- v Too many stairs

Behavior of Family or Caregiver

- | | | |
|--|---|--|
| v Conflicts with others or the community | v Blames others for problems | v Marital or family discord |
| v Arguments within extended family on care provided to client | v Irresponsible | - striking |
| v Family imposes obligations | v Caregiver has many other responsibilities | - shoving |
| v Manipulates overly passive adults into baby-sitting, paying bills, loaning money | v Denial of problems | - beating |
| v Family has other illness to deal with | v Alcohol, drug use by family | - name-calling |
| v Recent loss of spouse, family members or close friends | v Intergenerational households | - scape-goating |
| v Resentment by caregiver | v Overprotection by family | - yelling |
| v Financial problems / lack of money | v Lack of physical, facial, eye contact with client | v Continuous friction |
| v Client left alone for long periods of time | v Caregiver does not provide personal care | v Hostility |
| v Lack of knowledge by caregiver of client's condition and needed care | v Unusual expenses and no visible means of income | v Secretive |
| v History of mental illness in the family | v Transfer of property, savings, Insurance, wills | v Impatient |
| v Withholding of food or medications | v Other injuries found which were not reported | v Frustrated |
| v Unrealistic expectations of client | v Prolonged interval between treatment and injury | v Poor self-control |
| v Explanation of injury not feasible | v Someone other than caregivers bring clients | v Shows little concern |
| v Past history of similar episodes | v Caregiver will not allow visitors | v Recent family crisis |
| v Inconsistent explanations | v Unexplained cash flow | v Role reversal |
| v Sudden appearance of previously uncaring relatives | v Excessive payment of care | v Treats client like a child |
| v Evasiveness on payment of bills | | v Overly frugal |
| v Unusual household composition | | v Lock client away from rest of family |
| v Competition in family for attention | | v Family does not interact client |
| | | v Resentment |
| | | v Jealousy |
| | | v Doctor hopping |

Social Indicators

- | | | |
|--|--|--------------------------------|
| v Client resists going outside home | v Home is physically isolated from community | v Receives no visitors |
| v Little or no contact with others | v No assistance provided by friends, relatives, or neighbors | v Lack of aged friends |
| v Only one person to call in times of crisis | v Lives alone or in an overcrowded home | v Doesn't know neighbors |
| v Dependent on only one caregiver for financial/physical/emotional support | v Community refuses support, client is ostracized | v Relatives live far away |
| v Conflicts with the community | v Lack of magazines, books, radio, TV, phone, letters | v Doesn't want worker to leave |
| v Pets replace affection from others | | v No hobbies or interests |
| v Undesirable friends, too many | | v Eats alone |
| v Caregivers who provide help for pay | | v Unable to read or write |
| v Visitors only on check day | | |

Client's Behavior

- | | | |
|--|-----------------------------|--------------------|
| v Withdrawn - no desire for family or outside contacts | v History of mental illness | v Loneliness |
| | v Alcohol or drug abuse | v Unjustified fear |

- | | | |
|---|---|-------------------------|
| v Not willing to form attachments | v Violent / threatens worker | v Unwarranted suspicion |
| v Extreme agitation / irritable/grouchy | v Delusions / paranoia | v Mentally deficient |
| v Depressed affect / no eye contact, movement or expression | v Recent or sudden changes in behavior or attitudes | v Bizarre behavior |
| v Sleep disorders, insomnia, nightmares | v Denial of problems | v Compulsiveness |
| v Excessive physical complaints | v Refusal to talk about subject | v Fanaticism |
| v Denial of problem due to pride | ersonal matters | v Frequent falls |
| | | v No set meals |

Client's Behavior (continued)

- | | | |
|---|---|--|
| v Refuses to discuss situation, cooperate, communicate the need for help | v Inappropriate use of facilities | v Overly frugal |
| v Blaming of someone else for problems | v Constantly losing thoughts | v Wandering |
| v Unable to cook, phone for help or take medications properly | v Hoards / squanders money | v Begging |
| v Unaware of how much money they receive and regular monthly expenses | v High dependence on others, or agencies | v Pack-ratting |
| v Carries large amount of cash | v Chronically fails to pay bills | v Confusion |
| v Lacks judgment, confuses priorities | v Depleted bank accounts with nothing to show | v Easily influenced |
| v Frequent requests for help at the end of the month to supplement income | v Large amount of purchases on credit | v Overly quiet |
| v Payment of exorbitant prices for Services, repairs, rent, etc. | v Can't remember who you are or who they are | v Passive |
| v Unable to respond rationally to questions/ erratic/ irrational | v Inability to follow instructions | v Timid |
| v Disoriented as to time and place | v Utterly discouraged / hopeless | v Suicidal |
| v No incentive or motivation, apathetic | v No pride in themselves or their home, low self-esteem | v Excessive crying |
| v Persistent, intense anxiety | v Inability to distinguish between fantasy and reality | v Uncashed checks; money laying around |
| v Unattributable to any real problem | v Unreasonable excuses | v Demanding undivided attention |
| v Feelings of inadequacy / worthlessness | v Frightened of caregiver | v Careless smoking |
| | v Unintelligible speech / unable to communicate | v Refuses to open door |
| | | v Unwillingness to talk |
| | | v Extreme procrastination |
| | | v Giving money away; overly-generous |

Investigation

Initiation of the investigation will begin as soon as is necessary, according to information contained in the report.

- { The DSS Social Services Worker reviews the report and contacts the reporter when appropriate (and inasmuch as is possible) for additional information.
- { Interviews are conducted with the reported adult and the alleged perpetrator, and any other relevant witnesses.
- { The DSS Social Services Worker shall notify the appropriate law enforcement authorities when the report may involve a crime.
- { Protective services are implemented only with consent of the reported adult (or guardian when appropriate).

- { DSS may institute legal proceedings as part of the protective service plan when judicial intervention is determined necessary to protect the eligible adult from abuse or neglect.
- { Service plans are coordinated with current support systems to maximize client independence.

Overview of Service Intervention

Core Services

- ✓ Intake and assessment
- ✓ Case management
- ✓ Follow-up
- ✓ Early intervention services
- ✓ Temporary financial support

Financial and Economic

- ✓ System for money management: counseling, power of attorney, payee, conservatorship
- ✓ Income stretching benefits: SSI, SS, VA, Food Stamps, Medicaid, private pension plans, Railroad Retirement, health insurance
- ✓ Employment programs / agencies
- ✓ Clubs and churches which provide specific services: Lions, Rotary, civic groups, fraternal organizations

Legal

- ✓ Better Business Bureau
- ✓ Law enforcement
- ✓ Attorneys; state and local bar associations; Legal Aid
- ✓ Civil commitment
- ✓ Orders of protection
- ✓ Durable power of attorney
- ✓ Guardianship / conservatorship / public administrator
- ✓ Probate and circuit courts

Health / Medical

- ✓ Hospitalization, doctor visit, outpatient clinics
- ✓ Health screening and medical evaluation
- ✓ Drug information and health education
- ✓ Mental health services
- ✓ Dental care
- ✓ Home health care, visiting nurses, public health department
- ✓ Adult day care
- ✓ Medicaid
- ✓ Medicare
- ✓ Congregate and home-delivered meals
- ✓ Boarding / nursing homes
- ✓ Voluntary organizations (American Cancer Society, American Heart Assoc., etc.)

Emergency

- ✓ Emergency shelter, food or clothing
- ✓ Emergency caregiver or placement
- ✓ Crisis intervention

Social, Educational, Recreational

- ✓ Outreach
- ✓ Information and referral assistance
- ✓ Crime prevention
- ✓ Telephone reassurance
- ✓ Friendly visitor
- ✓ Support groups
- ✓ Transportation
- ✓ Religious / church organization
- ✓ Congregate meals / Senior Centers
- ✓ Counseling
- ✓ Adult educational classes
- ✓ Arts and crafts courses
- ✓ Civic groups, clubs, fraternal organizations, AARP
- ✓ Voluntary organizations (Red Cross, Cancer Society, YWCA, hospital volunteer, nursing home volunteer, foster grandparents)
- ✓ Adult day care

Home Support and Housing

- ✓ Respite
- ✓ Alternative housing, HUB programs, local housing authorities, public housing, retirement villages
- ✓ Home repair
- ✓ Residential care / nursing homes

Hotline Information - Central Registry Unit

I. Intake Activities (initial reports)

	FY '00	FY '01	FY '02
v Abuse, Neglect and Exploitation (A/N/E) of the elderly	11,477	12,117	11,834
v A/N/E of adults with disabilities under age 60	3,255	3,601	3,497
Subtotal	14,732	15,718	15,331
v Abuse, neglect in LTC facilities	787	576	613
v Other LTC facility complaints	6,382	4,828	5,240
v Facility Self Reports	372	2,089	2,236
Subtotal	7,541	7,493	8,089
v Pre-admission screening referrals (MO Care Options)	24,775	23,762	23,781
v Other Information and Referral (I & R)	20,894	20,262	20,972
Subtotal	45,669	44,024	41,407
TOTAL INTAKE AND I&R	67,942	67,235	64,827

II. Findings (completed investigations from field staff)

A. Home And Community Services: A/N/E of adults residing in home or community based settings.

	Reason to Believe	Suspected	Unsubstantiated
FY '02	55.7%	19.4%	24.9%
FY '01	56.4%	18.5%	25.1%
FY '00	57.0%	19.5%	23.5%

B. Section for Long-Term Care Regulation: Long-term care resident A/N and other complaints including facility self-reports.

	Valid	Unable to Verify	Invalid	Other
FY '02	18.7%	13.2%	51.0%	17.1%
FY '01	20.0%	11.5%	51.0%	17.5%
FY '00	27.7%	16.7%	55.6%	

III. Types of Information and Referral (I&R) Calls:

- v Referrals to Area Agency on Aging offices
- v Alzheimer's information and support group referral
- v Heat crisis, cooling center information
- v Referrals to other agencies (Medicaid, Social Security, spousal abuse agencies, etc.)
- v Repeated Missouri Care Options screening referrals or information requests
- v Governor's Silver Club application and information
- v OBRA Pre-Admission information requests

- v Refer to local DSS (Home and Community Services & Section for Long-Term Care)
- v Unable to investigate (hang ups, harassment, etc.)

Division of Senior Services (DSS)
Abuse Information
Community Based Investigations

I. Description of Home and Community Services Investigative Findings

- A. Reason to Believe: Substantial amount of evidence is found supporting the allegations contained in the report.
- B. Suspected: Based on worker judgment, allegations contained in the report are probable or likely.
- C. Unsubstantiated: The evidence of the investigation does not support the allegations in the report.

II. Status of Home and Community Services Investigative Findings

	FY '00	FY '01	FY '02
v Reason to Believe	57.0%	56.4%	55.7%
v Suspected	19.5%	18.5%	19.4%
v Unsubstantiated	23.5%	25.1%	24.9%

III. Types of Problems Identified by Status

Based on "problems" on completed investigations (not directly related to the number of reported elders/victims, as victims may have multiple problems).

Total Percentages	FY '00	FY '01	FY '02
Physical Abuse	7.3%	7.7%	7.4%
Physical Neglect	53.3%	53.2%	52.2%
Emotional Abuse	8.6%	8.2%	8.9%
Emotional Neglect	13.8%	13.1%	13.2%
Financial Exploitation	6.4%	7.0%	7.5%
Financial Neglect	6.2%	6.2%	6.1%
Mental Disability	2.9%	2.6%	2.4%
Other	1.5%	2.0%	2.3%

f Findings (Types of Problems)	Reason to Believe			Suspected			Unsubstantiated		
	FY '00	FY '01	FY '02	FY '00	FY '01	FY '02	FY '00	FY '01	FY '02
Physical Abuse	37.6%	36.9%	34.6%	18.3%	17.0%	17.9%	44.1%	46.1%	47.5%
Physical Neglect	38.3%	39.0%	37.6%	18.7%	17.5%	16.9%	43.0%	43.5%	45.5%
Emotional Abuse	36.4%	35.4%	35.1%	24.6%	23.4%	22.7%	39.0%	41.2%	42.2%
Emotional Neglect	46.6%	48.6%	45.0%	23.4%	22.3%	23.7%	30.0%	29.1%	31.3%
Financial Exploitation	16.3%	13.8%	18.7%	21.5%	20.6%	19.1%	62.2%	65.6%	62.2%
Financial Neglect	38.9%	42.9%	38.9%	19.2%	16.3%	18.2%	41.9%	40.8%	42.9%
Mental Disability	65.5%	63.4%	59.3%	15.9%	17.4%	20.1%	18.6%	19.2%	20.6%
Other	44.8%	33.5%	31.8%	13.5%	18.0%	15.8%	41.7%	48.5%	52.4%

IV. Demographic Profiles of Home and Community Services Investigations of Reported Elders

		FY '00	FY '01	FY '02	2000 Census (60+) MO population is 5,595,211	
Sex	Female	64.0 %	64.0 %	65 %	48.6%	
	Male	36.0	36.0	35	51.4%	
Race	White	78.3 %	79.4 %	79.2 %	84.9%	
	Black	18.7	17.6	17.2	11.2%	
	Other	0.8	0.3	0.3	3.9%	
	Unknown	2.2	2.7	3.3	0.0%	
Age	Under 60	21.4 %	23.5 %	22.6 %	82.5%	
	60-64	7.5	7.1	7.1	4.1%	
	65-69	9.7	9.7	9.3	3.5%	
	70-74	12.0	11.7	12.7	3.5%	
	75-79	15.5	14.8	14.6	2.3%	
	80-84	14.9	14.8	15.3	2.3%	
	85-89	11.0	11.0	11.0	1.8% (Over 85)	
	90-94	5.8	5.4	5.4		
	95 plus	2.2	2.0	2.0		
	Unknown	0.0	0.0	0.0		
Living Arrangement	Alone	47.5 %	46.1 %	46.2 %	39%	
	With Spouse	14.9	14.7	14.7	20%	
	With relative	24.6	25.7	25.7	33%	
	With non-relative	5.5	4.9	4.9	4.5%	
	Long-term care	5.7	6.4	6.4	1.6%	
	Other / unknown	1.8	2.2	2.1	1.9%	

V. Perpetrator Related Data (when perpetrator designated; reports may have multiple perpetrators)

	FY'00	FY'01	FY'02
Self	23.7 %	20.6 %	21.0 %
Spouse	3.7	3.6	3.4
Housemate	1.5	1.6	1.5
Son/Daughter	11.3	10.7	11.6

<i>(Perpetrator Data Continued)</i>	FY'00	FY'01	FY'02
Siblings	1.3%	1.2%	1.5%
Parent	1.6	1.7	1.6
Grandchild	2.2	2.0	2.5
Other Relative	3.2	3.5	3.2
Friend/Neighbor	2.4	2.6	2.7
Landlord	0.6	0.7	0.7
Guardian	0.3	0.4	0.5
Health Care Professional	0.9	1.1	1.3
In-Home Service Provider	4.5	5.2	5.0
Circumstances / Environment	38.1	39.7	39.0
Other	2.6	3.3	3.1
Unknown	2.1	2.1	1.4

Relationship of Reported Elder Living with Alleged Perpetrator

	FY'00	FY'01	FY'02
Spouse	20.6%	20.1%	18.4%
Housemate	7.4	8.5	8.2
Son / Daughter	36.0	34.0	37.3
Siblings	3.9	3.2	3.4
Grandchild	6.8	7.3	8.4
Other Relative	16.4	17.0	15.1
Friend / Neighbor	2.1	2.2	2.6
Other	4.4	5.3	2.8
Unknown	2.4	2.4	3.8

VI. Resolution of Investigations Reported by Social Services Workers

	FY'00	FY'01	FY'02
Opened for protective services (PS)	27.2 %	25.9 %	25.7 %
Report substantiated but no (PS) need	13.2	15.1	18.2
Resolved (includes unsubstantiated)	29.0	29.6	28.0
Refused services	8.0	7.2	7.1
Placed in long-term facility (care)	9.3	9.9	8.0
Referred to other agency / agencies	4.0	3.7	3.7
Other	2.2	1.7	1.0
Unable to locate	1.2	1.2	2.0
Client died	3.8	4.0	4.2
Client moved	2.1	1.7	2.1

VII. Abuse, Neglect, Exploitation of Home and Community Services Reports

Class I: Imminent danger or an emergency situation.

Class II: Direct or immediate relationship to the health, safety or welfare of the reported adult but which does not create imminent danger.

Class III: "Non-protective" situation; not a Class I or Class II.

Total Home and Community Services Hotline Calls

	FY '00		FY '01		FY '02	
<i>Class I</i>	2,059	14.0%	2,695	17.2%	2117	14.2%
<i>Class II</i>	10,496	71.2%	10,865	69.1%	10,799	70.4%
<i>Class III</i>	2,177	14.8%	2,158	13.7%	2,355	15.4%
TOTAL	14,732	100.0%	15,718	100.0%	15,331	100%

VIII. Field Operations Action

A. Unduplicated Count of Reported Adults Served*	FY '00	FY '01	FY '02
Class I	1,489	1,934	1,655
Class II	8,170	8,346	8,559
Total	9,659	10,280	10,214

* Includes only clients with Departmental Client Numbers (DCN). Based on completed investigations.

B. Time-frames for Seeing Alleged Victim Based on Completed Investigations

FY '02	Total	24 Hours		48 Hours		In 7 days		Over 7 days		Not seen	
Class I	2,268	2,020	89.07%	42	1.85	101	4.45%	1	0.04%	104	4.59%
Class II	10,708	3,207	29.95%	1,185	11.07%	4,941	46.14%	0	0.0%	1,375	12.84%
FY '01	Total	24 Hours		48 Hours		In 7 days		Over 7 days		Not seen	
Class I	2,493	2,224	89.2%	54	2.2%	114	4.6%	0	0.0%	101	4.0%
Class II	10,240	3,388	33.1%	1,059	10.3%	4,631	45.2%	3	0.0%	1,159	11.4%
FY '00	Total	24 Hours		48 Hours		In 7 days		Over 7 days		Not seen	
Class I	1,980	1,809	91.4%	41	2.1%	50	2.5%	0	0.0%	80	4.0%
Class II	10,593	3,550	33.5%	1,088	10.3%	4,611	43.5%	1	0.0%	1,343	12.7%

Elder Abuse Hotline

1 - 800 - 392 – 0210

Section for Long-Term Care Regulation
Abuse Information
Long-Term Care Facility Based

- A. Valid:** A conclusion that the allegation did occur and there was a statutory or regulatory violation.
- B. Invalid:** A conclusion that the allegation did not occur; a conclusion that there is not a reasonable likelihood that the allegation occurred; OR a conclusion that the allegation either occurred or there is a reasonable likelihood that it occurred, but there is not a statutory or regulatory violation.
- C. Could Not Verify:** This conclusion is reached when a complaint is investigated and there is conflicting information collected to the extent that no conclusion regarding a regulatory violation could be reached.

I. Findings Based on Completed Reports

	FY'00		FY'01		FY'02	
Valid - uncorrected	1,311	15.1%	890	12.2%	847	10.9%
Valid - corrected before investigation, no statement of deficiency	1,057	12.1%	577	7.8%	602	7.8%
Valid - corrected during investigation, uncertified; no statement of deficiency	29	0.3%	2	0.0%	0	0.0%
Valid - corrected during investigation, certified; statement of deficiency required	21	0.2%	0	0.0%	0	0.0%
Total Valid Investigations	2,418	27.7%	1,467	20.0%	1,449	18.7%
Invalid, unsubstantiated, or not in violation	4,831	55.6%	3,722	51.0%	3,959	51.0%
Could not verify	1,455	16.7%	838	11.5%	1,024	13.2%
Other*	0**	0.0%	1,285	17.5%	1,324	17.1%
Total Investigations Completed	8,704	100%	7,314	100%	7,756	100%

Includes reports without an allegation of a regulatory violation, do not allege abuse or neglect of residents or had already been addressed in a prior survey or complaint investigation.

*Not used in FY-00

II. Complaint Reports and Facility Self-Reported (FSR) Incidents Received

	FY'00		FY'01		FY'02	
Abuse, Neglect Complaints	787	11.0%	454	8.4%	348	6.0%
Other Regulatory Allegations	6,382	89.0%	4,931	91.6%	5,487	94.0%
Total Reports	7,169	100%	5,385	100%	5,835	100%

	FY'00		FY'01		FY'02	
Abuse Neglect (FSR)	*		395	18.7%	361	16.1%
Other Regulatory (FSR)	*		1,717	81.3%	1,878	83.9%
Total	372		2,112	100%	2,239	100%

*Facility Self Reports (FSRs) were only piloted in FY-00. They were statutorily mandated in FY-01 and FY02. FSRs in FY-01 and FY-02 include facility self reported allegations of abuse and neglect.

III. Total Complaints and Facility Self Reports

	FY'00		FY'01		FY'02	
Complaint Reports	7,169	95%	5,385	71.8%	5,835	72.3%
Facility Self Reports	372	5%	2,112	28.2%	2,239	27.7%
Total	7,541	100%	7,497	100%	8,074	100%

Note: Data for FY-01 has been changed from prior Crying Eye editions to reflect more complete and accurate information now available through the SLCR Approach database.

	FY'00		FY'01		FY'02	
Abuse and Neglect	*		861	11.5%	709	8.8%
Other Regulatory	*		6,636	88.5%	7,365	91.2%
Total			7,497	100%	8,074	100%

IV. Breakdown of Valid, Invalid and Unable to Verify Abuse/Neglect Reports

	FY'00		FY'01		FY'02	
Valid With or Without Statement of Deficiencies	*		198	23.3%	165	23.3%
Invalid	*		361	42.5%	235	33.2%
Unable to Verify	*		280	33.0%	300	43.3%
Final Determination Unavailable at This Time	*		10	0.2%	9	0.2%
Total			849	100%	709	100%

Mandated Reporters

Professionals mandated to report in accordance with:	660.300	565.188	198.070
Adult Day Care Center Workers		yes	yes
Chiropractors	yes	yes	yes
Christian Science Practitioners	yes	yes	yes
Clinic personnel engaged in treatment, examination, care; adults 60 (+)		yes	
Clinic personnel engaged in the examination of persons age 60 (+)			yes
Coroner		yes	yes
Dentist	yes	yes	yes
Department of Health and Senior Services Employee	yes		
Department of Mental Health Employee	yes		yes
Department of Social Services Employee	yes		yes
Facility Administrator			yes
Facility Employee (also see Nursing Home Worker)			yes
Health practitioners engaged in treatment, examination, care; persons age 60 (+)		yes	
Hospital personnel engaged in treatment, examination, care; adults age 60 (+)		yes	
In-home services employees, operators, and owners	yes		
Interns (also see Resident Intern)			yes
Law Enforcement Officials (also see Peace Officers)		yes	yes
Medical Examiner	yes	yes	yes
Mental Health Professionals		yes	yes
Ministers	yes		yes
Nurse (also see Registered Nurse)	yes	yes	yes
Nursing Home Worker (also see Facility Employee)		yes	
Optometrist	yes	yes	yes
Other Health Practitioner			yes
Other person with responsibility for the care of persons 60 years (+)		yes	
Other person with responsibility for the care of an eligible adult			yes
Peace Officer	yes	yes	yes
Pharmacist	yes		yes
Physical Therapist	yes		yes
Physician	yes	yes	yes
Podiatrist	yes	yes	yes
Probation or Parole Officer		yes	yes
Psychologist	yes	yes	yes
Registered Nurse (also see Nurse)	yes	yes	
Resident Intern	yes	yes	
Social Worker	yes	yes	yes

660.300 - Abuse/Neglect of in-home services clients

565.188 - Person (age 60 or older) subjected to conditions which would reasonably result in abuse or neglect

198.070 - Resident of a nursing facility has been abused or neglected

Family Care Safety Registry

The Family Care Safety Registry (FCSR) is maintained by the Department of Health and Senior Services in coordination with the Department of Social Services and the Department of Public Safety. Affected care workers (both child care and elder care) hired on or after January 1, 2001, and personal care workers hired on or after January 1, 2002, must be registered. FCSR will help ensure that personnel who provide care for children, the elderly or the physically and mentally disabled can be easily screened against criminal background history and information provided by:

- ♦ Missouri State Highway Patrol for criminal background checks;
- ♦ Division of Family Services for child abuse/neglect records and foster parent, residential facility and child placing agency licensing records;
- ♦ DHSS for child care facility licensing records;
- ♦ Division of Senior Services for Employee Disqualification List records and residential living facility and nursing home licensing records; and
- ♦ Department of Mental Health Employee Disqualification Registry.

Care workers required to register include individuals employed by elder care providers and/or those who receive state or federal funds as payment for elder care services. Elder care providers include home health agencies, hospices, hospitals, nursing facilities, residential care facilities, in-home services agencies and adult day health care agencies. Persons who are not required to register may do so voluntarily. Employers may submit completed registration forms for multiple prospective employees. Registration fees may be paid by the individual or by the employer, and both the applicant and the employer will receive notification of the screening results. Workers need to register only one time, regardless if they change jobs.

Background information from the FCSR may be requested for **employment purposes only**.

- { The caller must provide the registrant's name and social security number before information will be provided. There is no cost to obtain a background screening on registered workers.
- ♦ Information released to callers will be limited to whether the registrant's name is listed in any of the registries and if so, which one(s).

Specific information about registrants will be disclosed upon receipt of a written request from the prospective employer including name, address, and the reason for the request.

Registrants will be notified each time someone requests information about them from the registry. The notification will contain the name and address of the person making the inquiry and the background information released.

Any child care, elder care or personal care worker required to register who fail to submit a completed registration form to the FCSR within 15 days of beginning employment is guilty of a Class B misdemeanor. Any person who uses the information obtained from the FCSR for any purpose other than those outlined in the legislation is guilty of a Class B misdemeanor.

Family Care Safety Registry

1-866-422-6872

7:00 a.m. to 6:00 p.m.

Monday - Friday
